Pinellas County EMS & FIRE ADMINISTRATION

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: ☐ NEW ☑ RENEWAL

SERVICE TYPE: ☐ Wheelchair Transport ☐ Stretcher Transport ☐ ALS Interfacility ☑ ALS Helicopter ☐ ALS Non-Transport ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☑ Corporation

ORGANIZATION NAME:	HOURS OF OPERATION: ☑24-HOUR
Rocky Mountain Holdings, LLC DBA Bayflite	_____ A.M. to _____ ☐A.M. / ☐P.M.
ADDRESS 1:	PHONE:
5500 Quebec Street	303-792-7400
ADDRESS 2:	FAX:
CITY, STATE, ZIP CODE:	
Greenwood Village, CO 80111	
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
See Attached	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
See Attached	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
James Berg - Area Manager	610-248-9758 james.berg@airmethods.com
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
James Berg - Area Manager	610-248-9758 james.berg@airmethods.com

REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: James Berg DATE: 09/19/25

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 9/19/25 by Tristyn Kinsey, who is/are personally known to me or has/have produced FL DL as identification.

(SEAL)

TRISTYN KINSEY
Notary Public
State of Florida
Comm# HH688918
Expires 6/17/2029

Tristyn Kinsey
(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

Rocky Mountain Holdings, LLC

Officers	Title	Address	Phone
Robert Hamilton	President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Mark Smolenski	CFO and Treasurer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Patricia Kloehn	Vice President and Chief Revenue Officer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400

Pinellas County EMERGENCY MEDICAL SERVICES

Helicopter Roster
2025

Name of Service: Bayflite **Date: 9/19/25** **Page: 1 of 1**

*You may use this form or attach a company roster.

Aircraft	Model	FAA License #
Airbus - Eurocopter	EC135P2+ 2008	N163BF
Airbus - Eurocopter	EC135P2+ 2008	N527BF
Airbus - Eurocopter	EC135P2 2004	N912BF

Form C Revised ALS/ 10/08

2025 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
GILLIS, BEKAH	FLIGHT NURSE			RN9506227	7/31/2026
CHESTER,DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/2026		
COOK,RYAN	FLIGHT NURSE	PMD537996	12/1/2026	RN9353120	7/31/2026
KELLUM, EMILY	FLIGHT NURSE			RN9449942	7/31/2026
SMITH,MICHELLE	FLIGHT NURSE			RN9171701	7/31/2026
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/2027
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/2027
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/2026		
FETTERMAN,SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/2026	RN9477091	4/30/2027
FISHER,CY	FLIGHT PARAMEDIC	PMD540991	12/1/2026	RN9638904	04/30/2027
FRY,WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/2026		
GONZALEZ,TAMMY M	FLIGHT NURSE	PMD10824	12/1/2026	RN2003972	4/30/2026
MATTINGLEY, STEVE	FLIGHT PARAMEDIC	PMD536971	12/1/2026		
WEBSTER, JOSHUA	FLIGHT PARAMEDIC	PMD526658	12/1/2026		
SOX, MATTHEW	FLIGHT PARAMEDIC	PMD519304	12/1/2026		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/2026	RN9243694	4/30/2027
PEREA, AMY	FLIGHT NURSE	PMD531748	12/1/2026	RN9217210	4/30/2026
REID,KATHRYN	FLIGHT NURSE	PMD511720	12/1/2026	RN9223603	7/31/2026
RAMEY, JAMES	FLIGHT PARAMEDIC	PMD533284	12/1/2026	RN9673936	07/31/2026
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/2026	RN2163452	4/30/2026
SWARTZ,BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/2026		
SCHAFFER, MICHAEL	FLIGHT PARAMEDIC	PMD526041	12/1/2026		
LAFEMINA,JIM	FLIGHT PARAMEDIC	PMD527161	12/1/2026		
MORTON,BILL	FLIGHT PARAMEDIC	PMD532100	12/1/2026		
SMITH,LAURA	FLIGHT NURSE	PMD532341	12/1/2026	RN9383641	4/30/2026
STINES, BRIAN	FLIGHT NURSE			RN9336125	4/30/2027
KISSEL, BRANDON	FLIGHT NURSE			RN9596538	04/30/2027
MARCZYNSKI, KIM	FLIGHT NURSE	PMD539264	12/1/2026	RN9338588	04/30/2027

DIVISION OF CORPORATIONS

Previous on List | Next on List | Return to List

Fictitious Name Search

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Fictitious Name Detail

Fictitious Name

BAYFLITE

Filing Information

Registration Number	G22000067935
Status	ACTIVE
Filed Date	06/02/2022
Expiration Date	12/31/2027
Current Owners	1
County	MULTIPLE
Total Pages	1
Events Filed	NONE
FEI/EIN Number	87-0533822

Mailing Address

5500 S QUEBEC ST, SUITE 300
ATTN: TAX DEPT
GREENWOOD VILLAGE, CO 80111

Owner Information

ROCKY MOUNTAIN HOLDINGS, LLC
5500 S QUEBEC ST, SUITE 300
GREENWOOD VILLAGE, CO 80111
FEI/EIN Number: 87-0533822
Document Number: M95000000020

Document Images

06/02/2022 -- Fictitious Name Filing View image in PDF format

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Submit

No Filing History

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2025
Secretary of State
4570811246CC

DOCUMENT# M95000000020

Entity Name: ROCKY MOUNTAIN HOLDINGS, L.L.C.

Current Principal Place of Business:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 87-0533822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	AIR METHODS, LLC
Address	5500 SOUTH QUEBEC STREET
City-State-Zip:	GREENWOOD VILLAGE CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN COOK VICE PRESIDENT 03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	**CONTACT NAME:** WTW Certificate Center **PHONE (A/C, No, Ext):** 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378 **E-MAIL ADDRESS:** certificates@wtwco.com
INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Lexington Insurance Company — 19437 **INSURER B :** Illinois Union Insurance Company — 27960 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** W40357456 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC OTHER:			6799503	04/27/2025	04/27/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 25,000 $ 5,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Medical Professional Liability & Prod./Com. Ops Liab			6799503	04/27/2025	04/27/2026	Aggregate Limit Each Claim Each Claim Deductible	$1,000,000 $1,000,000 $500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Complete Named Insured:
Air Methods LLC and its affiliates including all wholly owned entities LLC's, subsidiaries, affiliated, associated controlled or allied companies, corporations, or firms as now of hereafter constituted for which the Named Insured has responsibility for placing insurance and for which similar coverage is not otherwise or more specifically provided.
SEE ATTACHED

CERTIFICATE HOLDER

Pinellas County, A Political Subdivision of the State of Florida
400 S Fort Harrison Ave Bayflite CIO 2025
Clearwater, FL 33774

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Willis Towers Watson Insurance Services West, Inc.	Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111
POLICY NUMBER See Page 1	
CARRIER: See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company NAIC#: 27960

POLICY NUMBER: XFLG7252066A005 EFF DATE: 04/27/2025 EXP DATE: 04/27/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Each Claim	$7,000,000
	Aggregate	$7,000,000

INSURER AFFORDING COVERAGE: Lexington Insurance Company NAIC#: 19437

POLICY NUMBER: 6799505 EFF DATE: 04/27/2025 EXP DATE: 04/27/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Aggregate	$4,000,000
	Each Claim	$4,000,000

SR ID: 28490778 BATCH: 4130532 CERT: W40357456

Willis Towers Watson Northeast, Inc.
d/b/a Willis Aerospace

200 Liberty Street, 6th Floor
New York, NY 10281

CERTIFICATE OF INSURANCE

This is To Certify To:
Pinellas County
12490 Ulmerton Road
Largo, FL 33770

(Sometimes referred to herein as the Certificate Holder(s))

That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:

NAMED INSURED	Air Methods LLC , et al, and Enchantment Aviation, Inc. dba Southwest Air Ambulance, dba Southwest Med Evac, CHPPR Holdings Inc., CHPPR GuarantorCo Inc., CHPPR MidCo Inc., CHPR AcquisitionCo Inc., ASP AMC Intermediate Holdings, LLC, Air Methods Telemedicine, LLC, AirMD, LLC, dba LifeSave, dba LifeSave Kupono, and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities appearing above, or any company or entity for whom the Insured has agreed to be responsible for.
ADDRESS	5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111
COVERAGES	Aircraft Hull and Liability and Aviation General Liability Insurance
TERRITORY	Worldwide
POLICY PERIOD	July 1, 2025 to July 1, 2026 on both dates at 12:01 AM LST
EQUIPMENT	Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below.
INSURERS	Starr Indemnity & Liability Company and other US and Lloyds Companies – 100% (For more detailed SECURITY (the "Insurers") information, please see Addendum 0001)

LIMITS OF LIABILITY	
Aircraft Liability and Aviation General Liability	
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD $50,000,000 per occurrence. Personal Injury is sub limited to USD $25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD $50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA

SPECIAL PROVISIONS

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

Solely as respects Liability Coverage(s) and Solely when Required by Contract: Certificate Holder(s) is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

Fleet and/or Equipment Schedule
NA

Additional Notes
Named Insured Includes: Rocky Mountain Holdings LLC dba Bayflite

As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

Date of Issue: July 1, 2025

Hilary Wheatley, Authorized Representative
Willis Towers Watson, Northeast, Inc. - Aerospace
CertificateRequestAirMethods@wtwco.com

September 19, 2025

Lynn Abbott
Administrative Support Specialist II
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mrs Abbott,
The following fee schedule is posted here to comply with county COPCN requirements. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

- Liftoff: $52,453.17
- Loaded Mileage: $630.44/mile
- Per transport Cap: $96,699.00

Sincerely,

James Berg
West Florida Area Manager
Southeast Region
Air Methods Corporation
James.berg@airmethods.com
610-248-9758